MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

10313

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 27 Locust St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 27 Locust St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bailey

3. (b) Social Security Number

4. Sex F

5. Color or race Cre

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1939

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Easton Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER
12. Name Walter Bailey
13. Birthplace Talbot Co. Md.

MOTHER
14. Maiden name Gertrude Pritchett
15. Birthplace Talbot Co. Md.

16. Informant Ida Harris
Address Easton, Md.

17. Burial Date thereof 10-7-39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Newtown Cemetery

Location Near Chapel Md.

18. Funeral director Walter Bailey
Address Easton, Md.

19. 10/7 1939 N. H. Neirus
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1939, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 — to — 19 —, and that I last saw h alive on — 19 —.

Immediate cause of death Still-born

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. H. Neirus, Local Reg.
M. D. or other

Address Easton Date signed 10/7/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93a)

Reg. Dist. No. 290

10314

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Talbot Md

(b) City or town Easton Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: no 412 Dover St

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days) 60

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Talbot

(c) City or town Easton Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 412 Dover (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) FULL NAME Martha A Banks

3 (b) If veteran, name war no

3 (c) Social Security No. yes

4. Sex female

5. Color or race coe a a

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife J. Albert Banks

6. (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) about 1879

8. AGE: Years about 60 | Months ~ | Days ~ | If less than one day ____ hr. ____ min.

9. Birthplace Easton Md (Town, county, and state)

10. Usual occupation maid

11. Industry or business no

FATHER

12. Name John poney

13. Birthplace Easton

MOTHER

14. Maiden Name Rebacca poney

15. Birthplace Easton

16 (a) Informant Mrs Alberta Tilghman

(b) Address Easton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/39 (month) (day) (year)

(c) Cemetery or crematory Richardson

Location Easton Md

18 (a) Funeral director James F. Stewart

(b) Address Salisbury Md

19 (a) 10/5/39 (Date rec'd by registrar) (b) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 4 1939, at 2 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1, 1939 to Oct 4 1939 and that I last saw him alive on Oct 4 1939.

Immediate cause of death Acute Myocarditis — Duration July 15/39

Due to Overwork

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Haynard T. Webb M.D. (M. D. or other)

Address Easton Md Date signed 10/4/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10315

1. PLACE OF DEATH

County Talbot

Village or City Avalon — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

Registration Dist. No. 294

2. FULL NAME James Albert Baath — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	57	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laboror

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farms

10. Date deceased last worked at this occupation (month and year): Sept. 28

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): White Haven, Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): ____

17. INFORMANT: Margaret Jones

(Address): Avalon, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place St. Michaels, Date 10/6, 19 39

19. UNDERTAKER: J. Norman Marshall

(Address): St. Michaels, Maryland

20. FILED 10-6, 1939 — J. F. Jamison, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 4 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Never, 19 ____ to Patient, 19 ____

I last saw h____ alive on Patient, 19 ____; death is said to have occurred on the date stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Probably Heart Condition was found Dead at a Bed & Breakfast Location by Lifeguard suffered from Tuberculosis	

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Geo. W. Reese Jr. M. D.

(Address) St. Michaels Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED NOV 6 1929 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

10316

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: St. Michaels

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Samuel H. Burns

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 19 1886

8. AGE: Years	Months	Days	If less than one day
53	5	20	hrs. min.

9. Birthplace: St. Michaels (Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business:

FATHER — 12. Name: James H. Burns

FATHER — 13. Birthplace: St. Michaels, Md.

MOTHER — 14. Maiden name: Olivia Harrison

MOTHER — 15. Birthplace: St. Michaels, Md.

16. Informant: E. H. Burns

Address: St. Michaels, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 11, 1939 (month) (day) (year)

Cemetery or ~~crematory~~: Christ

Location: St. Michaels, Md.

18. Funeral director: Newnam & Harrison

Address: St. Michaels, Md.

19. Oct 11 1939 (Date rec'd by registrar) John Harwood Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 9 1939, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 9 1939, to Oct 9 1939, and that I last saw him alive on Oct 9, 1939.

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to	
Other conditions: Diabetes	1 yr.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. H. Hollett M.D. M. D. or other

Address: St. Michaels Md. Date signed 10/11/39

RECEIVED
NOV 4 1939
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10317

186-a1

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 11 hours

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Caroline Storey Collins

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ Samuel H. Collins

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8 - 1858

8. AGE: Years 80 Months 9 Days 22 If less than one day hrs. min.

9. Birthplace Preston, Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER 12. Name Silas E. Storey

13. Birthplace Preston, Md. R.D.

MOTHER 14. Maiden name Elizabeth Willoughby

15. Birthplace Preston, Maryland.

16. Informant Mrs. Mildred C. Marker

Address State College, Penna.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/1/39 (month) (day) (year)

Cemetery or crematory Federalsburg

Location Federalsburg Md

18. Funeral director J. J. Frampton Son.

Address Federalsburg Md.

19. 10/30 1939 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1939, at 1:27 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 29 1939, to Oct. 30 1939, and that I last saw her alive on Oct. 30 1939.

Immediate cause of death Apoplexy — DURATION 10-29-39

Due to Arteriosclerosis generalized 5 yrs?

Accidentally fell down stairs, in her own

~~Due to~~ home, October 29th, 1939. C.W.G.R.

Other conditions Fracture sternum, due to an accidental fall. 10-29-39

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~ accident Date of 10-29-39

Where did injury occur? Preston (City or town) Caroline (County) Md (State)

Injured at home, farm, industry, public place (where?) Own Home (fall).

Means of injury Fracture sternum Injured at work? no

23. SIGNATURE R. E. Cox M.D. M. D. or other

Address Easton Md Date signed 10-30-39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 8 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-8)

Dr Stevens 10318

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Rural, Near Easton Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Rural, Near Easton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George L. Coursey

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Fannie E Coursey

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Sept 29 / 1886

8. AGE: Years 53 Months 1 Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Caroline Co Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Harrison Coursey
13. Birthplace Caroline Co Md

MOTHER
14. Maiden name Annie Warner
15. Birthplace Talbot Co Md

16. Informant Helen Baker
Address Easton Md R.D. 2

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 11/2/39 (month) (day) (year)

Cemetery or crematory New Chapel

Location Talbot Co Md

18. Funeral director James A. Spence
Address Easton Md

19. 11/1 1939 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1939, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Oct 30 1939, and that I last saw him alive on Oct 30 1939.

Immediate cause of death: Carcinoma of Liver — DURATION: 3 yrs

Due to

Due to

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) No (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. McC. Stevens M. D. or other

Address Easton Md Date signed 10-31-39

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NOV 8 1938
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

10319

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot.

City or town Easton. (Near)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County

City or town Chester Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 14th & Walnut Sts.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Wharton Landell Donaldson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Rachel H. Donaldson

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 26th 1880

8. AGE:

Years	Months	Days	If less than one day
59	3	16	0 hrs. 0 min.

9. Birthplace Atlantic City, N.J. (Town, county, and state)

10. Usual occupation Sales Rep. Shingles Co.

11. Industry or business Mohawk Shingle Co. N.Y.

FATHER

12. Name Francis Adams Donaldson

13. Birthplace Phila, Pa

MOTHER

14. Maiden name Mary Landell

15. Birthplace Phila, Pa

16. Informant (Wife) Mrs. W. L. Donaldson

Address 14th & Walnut St. Chester, Pa

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Oct. 12, 1939 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Washington D.C.

18. Funeral director James A. Spence

Address Easton, Md.

19. 10/12 1939 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12th 1939, at 4.30 A.M.?

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... to ..... 19....

and that I last saw him alive on October 11th 1939.

Immediate cause of death Coronary thrombosis.

Due to Angina

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

Instant

6 mos.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jack B. Gerbee MD M. D. or other

Address Easton, Md Date signed 10/12/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1930
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10320

93-C

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Bellevue
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: "Outside"
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Bellevue Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Malcolm S. Eure

3. (b) Social Security Number 217-07-1431

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

8 (b) Name of husband or wife Clara Jenings
6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 25-1880

8. AGE: Years	Months	Days	If less than one day
59	6	27	hrs. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Worked in Packing House

FATHER 12. Name Henry Eure
13. Birthplace Virginia

MOTHER 14. Maiden name Sarah Barnes
15. Birthplace Virginia

18. Informant Noble Eure
Address Bellevue Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 24-39 (month) (day) (year)
Cemetery or crematory Spring Hill Cemetery
Location Easton Maryland

18. Funeral director John D. Williams
Address Easton Maryland.

19. 10/23 1939 (Date rec'd by registrar) N. S. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22/1939 19 at 2109 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend him 19 to 19, and that I last saw h live alive on Oct. 22, 1939. 19

Immediate cause of death	DURATION
Coronary Thrombosis	1 Min
Due to Arteriosclerosis &	2 yrs.
Due to Myocarditis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. C. Newnam M. D. or other
Address Easton, Md. Date signed 10/28/39

RECEIVED
NOV 6 1939
BUREAU V. S.

10321

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie A. Flukarty

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Alex W. Flukarty

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 21, 1882

8. AGE: Years 57 | Months 11 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fred Henning
13. Birthplace Germany

MOTHER
14. Maiden name Unknown
15. Birthplace Germany

16. Informant Effie E. Garrett
Address Easton, Md.

17. Burial
(Burial, cremation, or removal, Which?)
Date thereof Oct. 10, 1939
(month) (day) (year)

Cemetery or ~~cremetery~~ Spring Hill

Location Easton

18. Funeral director Maurice E. Newnam & Son
Address Easton Md.

19. 10/9 1939 N. H. Neirus
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8- 1939, at 1:15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939, to 10-8- 1939, and that I last saw her alive on 10-8- 1939.

Immediate cause of death: Carcinoma of uterus

Due to

Due to

Other conditions
(Include pregnancy within 8 months of death)

Major findings:
Of operations Carcinoma of uterus
Of autopsy

DURATION: 3 yrs ?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other

Address Easton Md. Date signed 10-9-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

10322

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot.
City or town Easton.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot.
City or town Easton. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lettie V. Green

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	C.	Married.

B (b) Name of husband or wife Samuel A. Green
6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) [illegible] about [illegible] 1888

8. AGE: Years	Months	Days	If less than one day
about 51			hrs. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name (?) Madden
13. Birthplace Md

MOTHER
14. Maiden name Rosie Smith.
15. Birthplace Md.

18. Informant Samuel A. Green.
Address Easton Md

17. Burial. Date thereof Oct. 16, 1939.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Richards Cemetery.
Location Easton. Md.

18. Funeral director James A Spencer.
Address Easton. Md.

19. 10/16 1939 N. H. Merrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13th 1939, at 12:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1939 to October 13 1939 and that I last saw her alive on Oct 6, 1939.

	DURATION
Immediate cause of death Parenchymatous Nephritis	Feb 15
Due to Exposure	1939
Due to Hypertension	
Other conditions Uremia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur?
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. R. Lewis M.D.
M. D. or other
Address St Michaels Md Date signed 10-14-39

RECEIVED
NOV 6 1939
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(137)

10323

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 23 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Oxford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. W. A. Hall

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Hettie C. Hall
6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Nov. 17-1862

8. AGE: Years 76 yrs. Months 10 Days 20 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Retired (Fisheries)

11. Industry or business

FATHER 12. Name Not None
13. Birthplace

MOTHER 14. Maiden name Not None
15. Birthplace

18. Informant Hattie C. Hall
Address Oxford, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 11-1939 (month) (day) (year)
Cemetery or crematory Oxford
Location Oxford, Maryland

18. Funeral director James A. Lewis
Address Easton, Md.

19. 10/9 19 39 N. H. Meires
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8 19 39, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 13 19 39 to Oct. 8 19 39, and that I last saw h- alive on Oct. 8 19 39

Immediate cause of death	DURATION
Coronary Occlusion	10-8-39
Due to	
Due to	
Other conditions Hypertrophied Prostate	2 yr?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Adeno-carcinoma of prostate, Grade II
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B Cox M.D.
M. D. or other
Address Easton, md Date signed 10-9-39

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NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr Webb 10324

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Vine st
Stay in hospital or inst. (yrs., or mos., or days)
Stay in the community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Vine St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dora Harris

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Isaac Harris
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known.

8. AGE: Years 56 | Months | Days | If less than one day ____hrs. ____min.

9. Birthplace Talbot Co. Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Wm Tilghman
13. Birthplace Md

MOTHER 14. Maiden name Emily Rich
15. Birthplace Md

16. Informant Morris B. Tilghman
Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/18/39 (month) (day) (year)
Cemetery or crematory Richardson Cemetery
Location Easton Md

18. Funeral director Dawson A Bevans
Address Easton Md

19. 10/17 19 39 N. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 19 39, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10 19 39 to Oct. 19 39 and that I last saw her alive on 10/15 19 39.

	DURATION
Immediate cause of death La Grippe	10/10/39
Due to Coma	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hayward L. Webb M. D.
Address Easton, Md. Date signed 10/17/39

RECEIVED
NOV 6 1939
BUREAU V. S.

10325

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot

City or town Wittman
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Wittman Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Fannie M. Harrison

3. (b) Social Security Number

4. Sex female

5. Color or race white

6.(a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife George A. Harrison

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Oct. 17 1865

8. AGE: Years 74 Months ✓ Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace Wittman, Talbot Co. Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles W. Harrison
13. Birthplace Wittman, Talbot Co. Md

MOTHER
14. Maiden name Mary Wise
15. Birthplace Wittman, Talbot Co. Md

16. Informant George A. Harrison
Address Wittman, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct 30, 1939 (month) (day) (year)

Cemetery or crematory Family Plot

Location Wittman Md.

18. Funeral director Newnam & Harrison
Address St. Michaels Md.

19. Oct 29 1939 Anna Cozy Thomas
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1939, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Oct 27 1939, and that I last saw her alive on Oct 27 1939.

Immediate cause of death General Debility

Due to Nephritis

Due to Pulmonary T.B. chronic many years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

Oct 16 70

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Guy McReese Md
M. D. or other

Address Tilghman Md Date signed Oct 28 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

10326

Reg. Dist. No. 2-9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Oxford
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Tilghman St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Oxford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Tilghman St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Sallie Wise Henry

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife: John B. Henry
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years	Months	Days	If less than one day
about 75			hrs. min.

9. Birthplace: Somerset Co.
(Town, county, and state)
10. Usual occupation: Housemaid
11. Industry or business:
FATHER 12. Name: John Waters
13. Birthplace: Somerset County
MOTHER 14. Maiden name: Harriet Waters
15. Birthplace: Fairmount Somerset Co.
16. Informant: John Waters
Address: Oxford, Md.
17. Burial (Burial, cremation, or removal. Which?) Data thereof: 10-30-39 (month) (day) (year)
Cemetery or crematory: Halls Hill
Location: Pocomoke City, Md.
18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.
19. Oct. 28 1939 (Date rec'd by registrar) Jos. A. Ross, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 27 1939, at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 24 1939 to Oct. 27 1939 and that I last saw h-- alive on Oct. 27 1939

Immediate cause of death	DURATION
Acute Myocarditis	9/20/39
Due to Pneumonia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Raymond F. Duff M.D.
M. D. or other
Address: Westover, Md. Date signed: 10/28/39

RECEIVED
NOV 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

10327

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 40 hours

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 327 Dover St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Thomas Leslie Hopkins

3. (b) Social Security Number: 218-05-8349

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 14, 1917

8. AGE: Years: 22 Months: Dec. 9 Days: 14 23 If less than one day: hrs. min.

9. Birthplace: Cordova Md. (Town, county, and state)

10. Usual occupation: Gasoline Service Station attendant

11. Industry or business:

FATHER
12. Name: Harry M. Hopkins
13. Birthplace: Cordova Talbot Co.

MOTHER
14. Maiden name: Bessie Dill
15. Birthplace: ~~Cordova~~ Del.

16. Informant: Grace Hopkins
Address: Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/10/39 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton Md.

18. Funeral director: Earl W. Stafford
Address: Easton Md.

19. 10/9 1939 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 7 1939, at 10 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 6 1939, to October 7 1939, and that I last saw him alive on October 7 1939.

Immediate cause of death: Fractured Skull (basal) — DURATION: 25 hrs

Due to: Auto Accident.

Due to:

Other conditions: Lacerations of face (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill ~~in the~~ following:

Accident, suicide, or homicide: accidental Date of: 10-6-39

Where did injury occur? Talbot (City or town) Md. (County) (State)

Injured at home, farm, industry, public place (where?): State Highway

Means of injury: Auto Injured at work? No

23. SIGNATURE: N. D. Noble, MD M. D. or other

Address: Easton Date signed: 10/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

10328

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town St. Michaels, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel R. Hunt

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

B (b) Name of husband or wife Lucy H. Hunt
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8th 1870

8. AGE:

Years	Months	Days	If less than one day
69	7	10	hrs. min.

9. Birthplace Bozman (Town, county, and state)
10. Usual occupation Merchant
11. Industry or business Meat

FATHER
12. Name Levin Hunt
13. Birthplace Bozman, Talbot Co Md

MOTHER
14. Maiden name Mady E. Marshall
15. Birthplace Bozman, Talbot Co Md

16. Informant Lucy H. Hunt
Address St Michaels Md

17. Burial Date thereof Oct 20 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Church Cemetery
Location Bozman Md
18. Funeral director Newnam & Harrison
Address St. Michaels Md

19. Oct 19 1939 John Hurwaler Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1939, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1st 1939 to Oct 18 1939, and that I last saw h alive on Oct 18 1939.

Immediate cause of death Valvular heart disease — DURATION 7

Due to — 1

Due to —

Due to —

Other conditions Arteriosclerosis — 7

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE J. H. Hoke M.D.
M. D. or other
Address St. Michaels, Md. Date signed 10/18/39

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 210-m

10329

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days): 19 hrs. 55 min
Stay in this community (yrs., or mos., or days): life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bradford Kahn

3. (b) Social Security Number

4. Sex: Male
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Widower.
6 (b) Name of husband or wife: dead.
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 15, 188
8. AGE: Years 54 Months 4 Days 2 If less than one day hrs. min.
9. Birthplace: Centreville Md.
(Town, county, and state)
10. Usual occupation: Saw Mill Worker.
11. Industry or business: Lumber.
FATHER
12. Name: unknown
13. Birthplace
MOTHER
14. Maiden name: unknown (brother)
15. Birthplace
16. Informant: Sherman Kahn (brother)
Address: Centreville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 18, 1939 (month) (day) (year)
Cemetery or crematory: Grasonsville Md.
Location: Grasonsville Md.
18. Funeral director: Amie W Eddins
Address: Centreville Md.
19. 10/18 1939 (Date rec'd by registrar) N. H. Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 17 1939, at 8.55 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death: Fractured Cervical Vertebra Compressed
Due to: Spinal cord
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: 1½ days 10-15 15 10-17 39.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 10-15
Where did injury occur? Kent Island Queen Anne Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Automobile accident Injured at work? no.

23. SIGNATURE: Samuel J. Price
Deputy Medical Examiner M. D. or other
Address: Queenstown Date signed 10/17

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

driving Automobile along main
highway - evidently lost control
of car, car - struck telephone
pole, injuring Kolen. -
Fractured cervical vertebra
Compression of spinal cord.
accident occured 10-15-39 -
10 - p - m.

David J. Price
Deputy Medical Examiner

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

10339

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 140 Port St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 140 Port St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Roena Layman

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	W

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1939

8. AGE: Years — | Months — | Days — | If less than one day hrs. min.

9. Birthplace Easton Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Clarence Johnson

13. Birthplace Va.

MOTHER 14. Maiden name Rosa L. Layman

15. Birthplace Easton, Md

16. Informant Clara Laurence

Address Easton, Md.

17. Burial Date thereof 10/29/39
(Burial, cremation or removal. Which?) (month) (day) (year)

Cemetery or crematory Richards Easton Md

Location Easton Md

18. Funeral director Clarence Johnson

Address Easton, Md.

19. 10/28 19 39 N. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1939, at 4A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Still-born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. H. Nevins, Local Reg.
M. D. or other

Address Easton Md Date signed 10/28/39

RECEIVED
NOV 6 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

10331

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Rural near Easton Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
11 Outside

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Rural near Easton Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ann Alleva (Blackwell) Mooney

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	C.	Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1939 Nov. 7, 1938

8. AGE: Years | Months 19 | Days 29 | If less than one day hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Eugene Blackwell

13. Birthplace Md.

MOTHER 14. Maiden name Pauline Mooney.

15. Birthplace Md.

16. Informant Wm Mooney.

Address near Easton Md

17. Burial. Date thereof Oct. 9 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Coppersmith's

Location near Easton, Md.

18. Funeral director James A. Spence

Address Easton Md.

19. 10/9 1939 N H Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1939, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 29 1939, to Oct. 6 1939, and that I last saw her alive on Oct. 5th 1939.

Immediate cause of death Infantile diarrhea — DURATION 8 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William D. Seymour M.D.
M. D. or other

Address Easton Date signed Oct. 7th 1939

See birth cert. filed 11/7/38 under Mooney.

RECEIVED
NOV 8 1939
BUREAU V-S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10332

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: St. Michaels
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 70 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State: Maryland County: Talbot
City or town: St. Michaels Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ella Thompson Morris

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife: James Tilus Morris
6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): June 7, 1869

8. AGE:

Years	Months	Days	If less than one day
70	4	13	hrs. min.

9. Birthplace: St. Michaels Talbot Co., Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home wife

FATHER
12. Name: Wm Blades
13. Birthplace: St. Michaels Md.

MOTHER
14. Maiden name: Caroline Caulk
15. Birthplace: St. Michaels Md.

16. Informant: James T. Morris
Address: St. Michaels, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 22 1939 (month) (day) (year)
Cemetery or crematory: Quiet Cemetery
Location: St. Michaels Md.

18. Funeral director: J. Norman Marshall
Address: St. Michaels, Md.

19. Oct 21 1939 (Date rec'd by registrar) John Hurwalee Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 20 1939, at 6.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1938, to Oct 20 1939, and that I last saw her alive on Oct 20 1939

Immediate cause of death	DURATION
Carcinoma of Pancreas	about 1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: as above
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: J. H. Hope MD
M. D. or other
Address: St. Michaels Md. Date signed 10/21/39

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

10333

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or institution (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 32 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Brookletts Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Fred William Mueller

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Wilhelmina Ostermann

8(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Dec 16, 1855

8. AGE:

Years	Months	Days	If less than one day
83	9	19	____ hrs. ____ min.

9. Birthplace: Hanover, Germany
(Town, county, and state)

10. Usual occupation: Farmer — Retired

11. Industry or business:

FATHER
12. Name: Christopher Mueller
13. Birthplace: Hanover, Germany

MOTHER
14. Maiden name: Dorthea Lurkuffy
15. Birthplace: Hanover, Germany

16. Informant: Mrs. Wm. Mueller
Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/6/39 (month) (day) (year)
Cemetery or crematory: Lutheran Landgood
Location: Maryland

18. Funeral director: Maurice E. Nevaaw & Son
Address: Easton, Md.

19. 10/5 (Date rec'd by registrar) 1939 N. H. Meerie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 4 1939, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1935, to Oct 4 1939, and that I last saw him alive on ____ 19____.

Immediate cause of death	DURATION
Cerebral hemorrhage	1 day
Due to Arteriosclerosis	several yrs.
Due to no	
Other conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: D. W. C. Stevens M. D.
M. D. or other
Address: Easton Md. Date signed: Oct 4-39

RECEIVED
NOV 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10334

Reg. Dist. No. 29 A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 15 hours

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Barbara Ann Pearson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 8 1939

8. AGE:

Years	Months	Days	If less than one day
Mo 0	8	5	____ hrs. ____ min.

9. Birthplace: Denton, Maryland

(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER

12. Name: Dr. Walter Pearson

13. Birthplace: Harrington, Delaware

MOTHER

14. Maiden name: Marian Lemmon

15. Birthplace: Highland, Michigan

16. Informant: T. E. Lemmon (Grandmother)

Address: Greensboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/15/39 (month) (day) (year)

Cemetery or crematory: Harrington, Del.

Location: Harrington, Del.

18. Funeral director: Mrs. T. E. Lemmon Grandmother

Address: Greensboro, Maryland

19. 10/13 (Date rec'd by registrar) 1939 N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 13 1939, at 3:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 1939, to Oct 13 1939, and that I last saw h-er alive on 3:25 P.M. 1939

Immediate cause of death	DURATION
Diarrhea, non-specific	10-11-39
Due to non-specific	
Due to	
Other conditions: Bronchopneumonia, right lower lobe, left lower lobe	10-12-39

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Bronchopneumonia

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Eleanor H. McCoy M. D. or other

Address: Easton Date signed: 10-13-39

RECEIVED
NOV 6 1939
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10335

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 4 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Hurlock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Wilson Reid

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 6, 1936

8. AGE: Years 3 | Months 8 | Days 15 | If less than one day hrs. min.

9. Birthplace Denton, Caraline, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Joseph Reid
13. Birthplace Denton, Md.

MOTHER 14. Maiden name Nellie Era
15. Birthplace Secretary, Md.

16. Informant Mrs. Joseph J. Reid
Address Harlock, Maryland

17. Burial (Burial, cremation, or removal: Which?) Date thereof Oct 25, 1939 (month) (day) (year)

Cemetery or crematory Denton
Location Denton, Md.

18. Funeral director H. H. Willoughby
Address East New Market

19. 10/23/39 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1939, at 6 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 17 1939, to October 21 1939, and that I last saw him alive on Oct. 21 1939

	DURATION
Immediate cause of death: Typhoid fever	10-13-39
Due to b. Typhosus	
Due to	
Other conditions: Chronic myocarditis following pneumococcic pericarditis (Include pregnancy within 3 months of death)	1½ yrs

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eleanor H. McCoy M. D. or other
Address Easton Date signed 10-25-39

RECEIVED
NOV 8 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

10336

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot

City or town Tilghman Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 66.

Stay in this community (yrs., or mos., or days) 66

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Sarah E. Ross.

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas J. Ross.

6(c) If alive, give age 67. years

7. Birth date of deceased (mo., day, yr.) Feb. 22. 1873.

8. AGE: Years 66. Months 7 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Sherwood Md.
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business own home.

FATHER
12. Name Levin H. Harrison
13. Birthplace Bozman Md.

MOTHER
14. Maiden name Sarah Anne Faulkner
15. Birthplace Talbot County

16. Informant Annabelle Harrison
Address Tilghman Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 22-39 (month) (day) (year)

Cemetery or crematory St. Johns. M. E.

Location Tilghman Md.

18. Funeral director J. N. Marshall
Address St. Michaels Md.

19. 10-22 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1939, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1939, to Oct 20 1939, and that I last saw her alive on Oct 20 1939.

Immediate cause of death Cerebral Hemorrhage — DURATION 1 day

Due to Hepatic Cirrhosis — 1 yr

Arteriosclerosis — 1 yr

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Guy M Reeser M.D.
M. D. or other

Address Tilghman Md. Date signed Oct 21 1939

RECEIVED
NOV 6 1933
BUREAU V. S.

10337

STATE OF MARYLAND
CERTIFICATE OF DEATH

(23)

Registration Dist. No. 294

1 PLACE OF DEATH

County Talbot

Village or City Tilghman (No. ..... , ... St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Albert Howard Schardt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March (Month) 15 (Day), 1888 (Year)

7 AGE: 51 yrs. 7 mos. 13 ds. If LESS than 1 day ..... hrs. or ..... min. ?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry business, or establishment in which employed or (employer): Self

9 BIRTHPLACE (State or country): Tilghman Md.

PARENTS

10 NAME OF FATHER: Amil H Schardt

11 BIRTHPLACE OF FATHER (State or country): Hamburg Germany

12 MAIDEN NAME OF MOTHER: Mary C. Niblett

13 BIRTHPLACE OF MOTHER (State or country): Neavitt Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank L. Schardt

(Address) Tilghman Md.

15 Filed 10-29 1939 G. Jameson R. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 27 (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 1924, to Oct 27 1939, that I last saw him alive on Oct 26 1939, and that death occurred on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(Duration) 5 yrs. 10 days mos. ..... ds.

Contributory Secondary

Acute nephritis (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Guy M Reese M. D.

Oct 27 1939 (Address) Guy M Reese

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State, ... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Tilghman Md.

DATE OF BURIAL: 10-29-, 1939

20 UNDERTAKER: J. Norman Marshall

ADDRESS: St Michaels

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED NOV 8 1939

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

10338

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(If newborn infants give residence of mother)

State Maryland County Talbot

City or town Millington Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Sparks

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30 1873

8. AGE: Years 65 Months 10 Days 19 If less than one day hrs. min.

9. Birthplace Md Bridgeville (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name George Sparks

13. Birthplace Unknown

MOTHER 14. Maiden name Julia Reed

15. Birthplace Md.

16. Informant Mrs John Brown

Address Walnut La. Phila Pike, Phila R.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 21, 1939 (month) (day) (year)

Cemetery or crematory Church Hill Cem.

Location Church Hill. Md.

18. Funeral director Wm. H. Hood

Address Church Hill Md.

19. 10/19 19 39 N.H. Nevins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 19 39, at 2:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 16 19 39, to Oct. 19 19 39 and that I last saw h[illegible] alive on Oct. 19 19 39

Immediate cause of death	DURATION
Intestinal Obstruction	Oct 14 39
Due to Strangulated Hernia	Oct 14 39
P.O. Lower midline	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Large number of fibrous adhesions

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. D. Noble, M.D.

M. D. or other

Address Easton Date signed 10/19/39

RECEIVED
NOV 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120)

10339

CERTIFICATE OF DEATH

Reg. Dist. No. 293

1. PLACE OF DEATH:

County: Talbot County

City or town: Near Queen Anne.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Queen Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Raymond Thomas

3. (b) Social Security Number: none

4. Sex: M.

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): not known.

8. AGE: Years: about 25 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Hillsboro. End
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: ✓

FATHER
12. Name: not known.
13. Birthplace

MOTHER
14. Maiden name: Annie Thomas
15. Birthplace: Hillsboro, End.

16. Informant: Richard Beaven.
Address: Hillsboro. End.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 27 - 39 (month) (day) (year)

Cemetery or crematory: Sandtown Cemetery.

Location: Near Hillsboro

18. Funeral director: J. Virgil Moore & Son

Address: Denton - Md.

19. 10-26- 1939. (Date rec'd by registrar) J. L. Gardner, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 25 1939, at AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 11 1939 to Oct 11 1939, and that I last saw him alive on Oct 11 1939.

Immediate cause of death: Gastro-enteritis infection mouth — DURATION: 3 wks unknown

Due to: unsanitary conditions

Due to:

Other conditions: Idiocy — life

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of: ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ✓

Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: J. Shafer M.D. (M. D. or other)

Address: Ridgely Md Date signed: 10-25-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

10340

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 11 months.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Spencer Vanasdlan

3. (b) Social Security Number

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Wilhemina Vanasdlan

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4th 1872

8. AGE: Years 67 Months 9 Days 19 If less than one day hrs. min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual occupation Retired (Clerk)

11. Industry or business

FATHER
12. Name not known
13. Birthplace Harrisburg, Pa

MOTHER
14. Maiden name not known.
15. Birthplace Harrisburg, Pa.

16. Informant Mrs. W. H. Campbell.
Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 26, 1939 (month) (day) (year)

Cemetery or crematory Enola.

Location Enola, Pa.

18. Funeral director James A. Spence
Address Easton, Md.

19. 10/23 1939 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23, 1939, at 12 30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to 10-23-1939, and that I last saw him alive on 10-22-1939.

Immediate cause of death apoplexy — DURATION 2 days

Due to Hypertension — ?

Due to Chronic interstitial nephritis — ?

Other conditions
(Include pregnancy within 8 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other

Address Easton, Md. Date signed 10-23-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

10341

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 214 Port St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton R.D. "Newtown" Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. RD # 2 Box 60

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	—

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1939

8. AGE:

Years	Months	Days	If less than one day
—	—	—	hrs. min.

9. Birthplace Easton, Talbot, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Harrison Wilson

13. Birthplace Talbot Co. Md.

MOTHER 14. Maiden name Bernice J. Brown

15. Birthplace Charles Co. Md.

16. Informant Ida Harris

Address Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/3/39 (month) (day) (year)

Cemetery or crematory Newtown

Location Newtown, Easton, Md. R.D.

18. Funeral director Harrison Wilson

Address Cordova, Md. R.D. 2

19. 10/3 (Date rec'd by registrar) 1939 N. H. Meires Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2 1939, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

	DURATION
Immediate cause of death	
Still-born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. H. Meires, Local Reg.
M. D. or other

Address Easton, Md. Date signed 10/2/39

RECEIVED
NOV 6 1939
BUREAU V. S.